



The Commonwealth of Massachusetts

ADMINISTRATIVE BULLETIN

EXECUTIVE OFFICE FOR ADMINISTRATION AND FINANCE

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79-2

TO: ALL AGENCY HEADS

RE: LEASE/TENANCY-AT-WILL SPACE RENTAL JUSTIFICATION PROCEDURE

1. PURPOSE OF BULLETIN

In a continued effort to further the Governor's policy of reducing the cost of state government in every possible way, certain changes are necessary for the purpose of tightening control of existing space rental operations and to expedite the request approval process once the need for additional space has been firmly established.

The procedure for submission of requests for space rental, either by Lease or on a Tenancy-At-Will (TAW) basis, is now amended to require the submission of a completed JUSTIFICATION OF PROPOSED RENTAL SITE Form SR-2. This does not replace any current procedural requirements, such as submission of the SPACE REQUEST Form SR-1, but rather is intended to show the extent to which several other properties, as well as the one proposed, were seriously considered for occupancy.

2. GENERAL CONSIDERATION OF AVAILABLE SPACE

First consideration must be given to available space in state-owned property situated in a reasonably convenient location. To that end, the standard Form AF-16 shall be completed in accordance with Administrative Bulletin 74-8.

Second consideration must be given to available space in other publicly-owned property, whether under federal, county, town or city jurisdiction.

As a last resort, and only after thorough consideration has been given to the aforementioned publicly-owned property, should private property be investigated for proposed rental use. For the purpose of this space-requesting procedure, property owned or controlled by the Metropolitan District Commission or other quasi-state authorities will be considered private property and therefore will not be subject to the provisions of Administrative Bulletin 74-8.

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3. COMPLETION OF FORM SR-2, JUSTIFICATION OF PROPOSED RENTAL SITE

Since the degree of thoroughness with which available and reasonably located space has been researched, and reported on all documents submitted in support of new or additional space requirements, will have a definite bearing on which requests will receive final approval, it is essential that submitted data be as specific and complete as possible. In a few instances, completion of data blocks will not be applicable, e.g., blocks for LEASE or TENANCY-AT-WILL at the top of the form, as well as space rental costs, do not apply to proposed use of state-owned property by a state agency. However, as previously implied, completion and submission of the SR-2 is hereinafter required in the latter situation and should include projected cost of all required services not furnished free of charge. Attention is also called to the following comments.

Item 1. Space Survey (as itemized on the front of Form SR-2)

Usable vs. Unusable Square Feet

Regardless of the need to provide proper fire exits, internal aisles, and intraconnecting passageways necessary for convenient and safe passage within an area rented by a single tenant, such internal aisles and passageways must be considered usable space. On the other hand, stairways, elevator shafts, loading areas in front of both freight and passenger elevators, when such areas are not feasible for use as tenant-controlled reception areas, and those intraconnecting passageways and janitor closets which are not within a tenant's lockable area, are all representative of the kind of space in the category of nonusable rental space.

Rent and Cost of Services

Service costs should be listed individually when not included in the rent or in agency personnel salaries or wages. When indoor or outdoor parking is specified, the number of cars should be specified in each case.

Condition of Premises

Enter as excellent, good, fair or poor as applicable. When the proposed site is other than private property, and certain modifications will be required prior to occupancy, and when the cost of such modifications must be borne by the occupying agency, such costs must be noted on the SR-2 form (Other related costs) and on an explanatory attachment thereto at the time of submission.

Item 2. Other Data Required

If rental of the proposed site would result in a rent increase, a complete justification must be given.

All requests for space rental and/or modification require a completed SR-1 SPACE REQUEST form with attached rental specification desired and if the proposed site is located in state-owned property under the control of another

agency, a completed AF-16 must also be submitted as part of the space-requesting package. Forms SR-1 and SR-2 may be obtained from the Budget Bureau or the Office of the State Superintendent of Buildings, and Form AF-16 is available at the Central Supply Section, Room 2, State House, Boston.

When completing the reverse of the form, item spaces A through F should be used to present additional information about properties referenced in corresponding columns A through F on the face of the form.

The following data provides an example of the type of information required to properly complete the form:

Location

Administration Building
Tewksbury Hospital
Tewksbury, Massachusetts

Owner/Agency Identification

Department of Public Health
Dr. John Doe, Commissioner
Telephone: 727-2700

(Note: It is not necessary to use the Commissioner's name when some other person is known to have building responsibility on the departmental level. In the data block at the left side, enter an "X" to indicate a public-owned building.)

Total Square Feet

10,000

(Note: This total should agree with the sum of usable plus unusable square feet shown in the corresponding column on the face of the form.)

Total Annual Cost per Square Foot

See Administrative Bulletin 78-7 for Schedule.

Reason for Moving

Additional space for 15% increase in personnel.

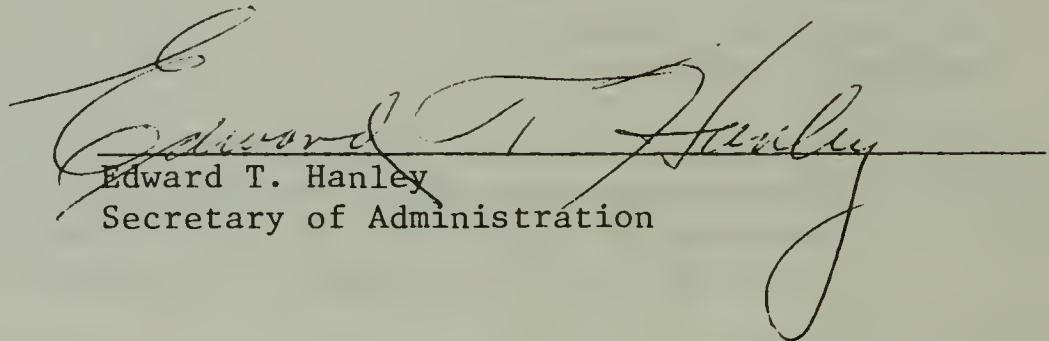
Entries should also be made under ALL OTHER PUBLIC-OWNED BUILDINGS IN THE VICINITY to show property of this category in which there is available vacant space, giving sufficient information to identify the specific building and its location. Enter an "X" to denote state, county, city, town or United States ownership, followed by the total number of vacant square feet available, annual cost per square foot, and the reason for not selecting the site(s) listed.

Item 3. Agency Certification

An "X" should be entered on one of the two data boxes of the agency certification statement to indicate whether funds are currently available for rental of the proposed site for a period of one year or for the balance of the current fiscal year from the effective date forward. Such budgetary funding certificates must include cost of modifications required prior to space occupancy when such modifications would be for the account of the agency occupant.

Item 4. Secretariat Approval

All SR-2 forms must be approved by the Executive Office of the requesting agency prior to forwarding in quadruplicate to the State Superintendent of Buildings for further action.



Edward T. Hanley
Secretary of Administration

for ☐ LEASE ☐ TENANCY-AT-WILL

Type in 5 copies. See Administrative Bulletin #79-2 for procedure.

AGENCY NAME	AGENCY SUBDIVISION	DATE PREPARED
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Do you propose to vacate present location? ☐ Yes ☐ No Do you propose to expand in present location? ☐ Yes ☐ No

1. Space Survey

		OTHER PROPERTIES REVIEWED					
		PRESENT (A)	PROPOSED (B)	(C)	(D)	(E)	(F)
Floor(s) on which space is located							
Usable square feet	General work area						
	Public waiting area						
	Total						
Unusable square feet	Service facilities						
Duration	From						
	To						
Rate per square foot							
Rent per month							
If these items are included in the rental, enter "incl." in the column; if not, enter the estimated cost per month.	Heat						
	Light						
	Water						
	Gas						
	Air conditioning						
	Power for air conditioning						
	Elevator						
	Janitor						
	Cleaning						
	Maintenance						
	Indoor parking for cars						
	Outdoor parking for cars						
Snow plowing							
Repairs							
Other:							
TOTAL COST PER MONTH							
TOTAL ANNUAL COST							
Other related costs (see instructions)							
Current number of staff housed							
Contemplated number of staff to be housed							
Condition of premises: (excellent, good, fair, poor)							
Physical dimensions been verified by your staff?							

2. Other Data Required:

List on the reverse side the location and building identity of each property reviewed, whether privately, federally, state, county, or municipally owned. Include owner's name, address and phone number, and name of person to contact if different from owner. Also list on the reverse side all public-owned buildings in the vicinity, amount of space available for occupancy, and your reason for not electing to occupy this public space.

Attach complete justification for rent increase, if any. Attach completed SR-1 form and rental specifications.

3. Agency Certification:

This is to certify that the proposed property (B) is suitable and adequate for the use of this state agency, and that the rental rate is comparable to that charged for other suitable space in the vicinity of the proposed premises. It is further certified that sufficient funds for this purpose ☐ are available. ☐ can be available upon approval of an inter-subsidiary transfer.

SIGNATURE OF AGENCY AUTHORIZED PERSON

TITLE

4. Secretariat Approval: _____, SECRETARY

DATE: _____

5. Budget Bureau: I hereby certify that the above Lease/T.A.W. is in accordance with the schedules filed by me with the House & Senate Committees on Ways and Means.

SIGNATURE

DATE

6. State Superintendent of Buildings: I hereby certify that the above Lease/T.A.W. is in compliance with Ch. 8, Sec. 10A of the Massachusetts General Laws.

SIGNATURE

DATE

PROPERTIES REVIEWED:

Location (including building identity)	Owner /Agency Identification (check block if public-owned)	Total square feet	Total annual cost per sq.ft.	(Attach a separate sheet for each justification)
A Present	<input type="checkbox"/>			Reason for moving: (summary)
B Proposed	<input type="checkbox"/>			Reason for selecting this site: (summary)
Others C	<input type="checkbox"/>			Reasons for not selecting: (summary)
D	<input type="checkbox"/>			
E	<input type="checkbox"/>			
F	<input type="checkbox"/>			

ALL OTHER PUBLIC-OWNED BUILDINGS IN THE VICINITY: *If State, show initials of the occupying state agency.

[illegible]

